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## BIB DATA SHEET

CONFIRMATION NO. 8712

<b>SERIAL NUMBER</b> 10/784,336	<b>FILING or 371(c) DATE</b> 02/23/2004 <b>RULE</b>	<b>CLASS</b> 210	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> 47168-00158USD1	
<b>APPLICANTS</b> Glen E. Jorgensen, Marlboro, MA; Bruce Berckmans III, Palm Beach Gardens, FL; <b>** CONTINUING DATA *****</b> This application is a DIV of 09/611,681 07/07/2000 PAT 6,716,187 which claims benefit of 60/142,886 07/08/1999 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/15/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /GINGER T Acknowledged CHAPMAN/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> NIXON PEABODY LLP 161 N. CLARK STREET 48TH FLOOR CHICAGO, IL 60601-3213 UNITED STATES					
<b>TITLE</b> Platelet concentration syringe kit					
<b>FILING FEE RECEIVED</b> 1260	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		